MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____   FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.							
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6		1					56						
7							57						
8							58						
9		1					59						
10							60						
11	1						61						
12		1					62						
13							63						
14		1					64						
15							65						
16							66						
17		1					67						
18	1						68						
19	1						69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						1
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	4						TOTAL NO.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL	19						TOTAL						